What are the big 4 lessons that DOFs could learn from when dealing with CIP?

Cost improvement and efficiency have continued to rise up the finance agenda over the past couple of years and all indications point to them staying right at the top of the list for some time to come. So being able to maintain and indeed improve quality whilst bringing costs down is surely one of the most important areas that NHS DOFs can influence.

Over the past couple of years at Assista Consulting we've observed more than ninety NHS Trusts and their attempts to tackle CIP. The results have been very mixed, with the majority dependent on across the board budget slashing and yearend adjustments in order to meet their CIP target.

That being the case I thought this week, rather than listing out potential CIP schemes, I'd give you our short list of situations to avoid when thinking about CIP.

Don't bite off more than you can chew

Some Trusts see it as a badge of honour to get as many CIP schemes under way as possible. For example, each specialty will be expected to have between three and five projects of their own. On the face of it impressive stuff, but in the cold light of day this approach often fails. The key reasons for this are, the sheer volume of schemes generated cannot be practically supported by the PMO, the specialty focus generally means the £ benefit arising is negligible and most importantly this approach does not encourage cross-divisional or whole Trust projects.

Don't let operations and clinical staff off the hook

The converse of what I've described above is Trusts with too few CIP schemes. You hear the same old excuses everywhere you go, "We haven't got management capacity," or "We've already done everything that we can realistically do."

My first question in all these instances is, how much staff engagement have you REALLY got? How many ideas are you generating? Are you measuring this frequently and segmenting your results by staff type and band? What are you actually doing to stimulate ideas generation?

Most underperforming Trusts just can't answer these questions. They trot out endless excuses and more often than not have a number of very vocal 'failure champions' – the type of people who'd see the downsides even if they won the lottery. Any well resourced PMO, working in conjunction with clinical and operational colleagues, should easily be able to meet their Trust's CIP target every year.

When thinking about the volume of CIP schemes Trusts should be mindful of a concept that we've come to call The Goldilocks Principle – don't do too much or too little – get it just right. One of the best ways to work this out is by benchmarking against other similar Trusts. Hunt out the star performers and model what they do. They're out there, they may just be in another part of the country from where you're sitting now. Don't let this stand in your way. Make the connection.

Keep the doctors, particularly the junior doctors, onside

Let's be honest, through the sheer level of day-to-day resource allocation available to them, doctors are the REAL financial controllers in your Trust and indeed all NHS Trusts. Every decision they make impacts your bottom line, in fact some studies from America point to them controlling 80% of spend.

At more than half of the Trusts we've observed the relationship between doctors and managers has been at least strained, if not worse. Problems like this can arise both ways. Doctors often get hacked off with what they see as the broken promises of management and over a period of time completely disengage from the CIP process or alternatively the board and the ops managers convey a palpable anti-clinical attitude, which they do nothing to try and hide. This again only leads to one thing, clinical disengagement, and therefore a dearth of CIP ideas. Quality tends to suffer too, but that's a whole other subject.

Be Supportive

Time and again we see divisional clinical leads that actually cost Trusts money when they should be driving thousands, if not millions of pounds of savings, all because they're not getting the proper support from their PMO. It's not their primary job to make savings so they do need support. Spend a bit of time with them, facilitate the process and help them to join the dots.

In April we're going to be going live with www.efficiencygenerator.com, a totally new approach to CIP generation and measurement. To pre-register for your free login please just go to the website address above and enter your details. There's also a short film that explains how it all actually works.

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